

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0 PHA Information PHA Name: <u>Erie County Housing Authority</u> PHA Code: <u>PA087</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>01/01/2011</u>																										
2.0 Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>120</u> Number of HCV units: <u>788</u>																										
3.0 Submission Type <input checked="" type="checkbox"/> X 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
4.0 PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
<table border="1"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
Participating PHAs					PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program																		
	PH	HCV																								
PHA 1:																										
PHA 2:																										
PHA 3:																										
5.0 5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
5.1 Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: SEE ATTACHMENT "A"																										
5.2 Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. SEE ATTACHMENT "B"																										
6.0 PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission. (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. SEE ATTACHMENT "C"																										
7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i> N/A																										
8.0 Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.																										
8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. SEE ATTACHMENT "D"																										
8.2 Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. SEE ATTACHMENT "E"																										
8.3 Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.																										
9.0 Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. SEE ATTACHMENT "F"																										

9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. SEE ATTACHMENT "G"</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <ul style="list-style-type: none"> (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. SEE ATTACHMENT "H" (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" SEE ATTACHMENT "I"
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none"> (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only) <p>*(F) SEE ATTACHMENT "J"</p>

ATTACHMENT A

The mission of the ERIE COUNTY HOUSING AUTHORITY is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.

ATTACHMENT B
ERIE COUNTY HOUSING AUTHORITY
GOALS AND OBJECTIVES

HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.

- PHA Goal: Expand the supply of assisted housing
 - Objectives:
 - Apply for additional rental vouchers;
 - Reduce public housing vacancies:
 - Leverage private or other public funds to create additional housing opportunities:
 - Acquire or build units or developments
 - Other (list below)
- PHA Goal: Improve the quality of assisted housing
 - Objectives:
 - Improve public housing management: (PHAS score)
 - Improve voucher management: (SEMAP score)
 - Increase customer satisfaction: (Tenant Meetings)
 - Concentrate on efforts to improve specific management functions: Management (list; e.g., public housing finance; voucher unit inspections)
 - Renovate or modernize public housing units;
 - Demolish or dispose of obsolete public housing;
 - Provide replacement public housing;
 - Provide replacement vouchers;
 - Other: (list below)
- PHA Goal: Increase assisted housing choices
 - Objectives:
 - Provide voucher mobility counseling;
 - Conduct outreach efforts to potential voucher landlords;
 - Increase voucher payment standards;
 - Implement voucher homeownership program;
 - Implement public housing or other homeownership programs;
 - Implement public housing site-based waiting lists;
 - Convert public housing vouchers
 - Other: Increase housing resources available for persons with disabilities

HUD Strategic Goal: Improve community quality of life and economic vitality

- PHA Goal: Provide an improved living environment
 - Objectives:

- Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments;
- Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments;
- Implement public housing security improvements;
- Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
- Other: INCREASE THE NUMBER OF FAMILIES WITH INCOMES AT OR BELOW 50% OF MEDIAN INCOME IN FAMILY PUBLIC HOUSING.

HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals

- PHA Goal: Promote self sufficiency and asset development of assisted households
 - Objectives:
 - Increase the number and percentage of employed persons in assisted families;
 - Provide or attract supportive services to improve assistance recipients' employability.
- Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- Other: WORK WITH LOCAL OFFICIALS TO COORDINATE WELFARE TO WORK INITIATIVES WITH HOUSING ASSISTANCE.

HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans

- PHA Goal: Ensure equal opportunity and affirmatively further fair housing
 - Objectives:
 - Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability;
 - Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion, national origin, sex, familial status, and disability;
 - Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required;
 - Other: (list below)

Other PHA Goals and Objectives:

Erie County HA Goal: Maintain the H.A.'s properties in decent condition at all times.

Objective 1. Achieve and maintain an average response time of 24 hours for all emergency work orders.

Objective 2. Achieve and maintain an average response/completion time of 20 days for all routine work orders.

ATTACHMENT C

PHA PLAN AND UPDATE

There have been no revisions of the PHA Plan elements since the last Agency Plan submission in October of 2009.

The Housing Authority has amended the Public Housing Admissions and Occupancy Policy and Residential Dwelling Lease to comply with the Violence Against Women Act (VAWA). This became effective as of January 1, 2008. See Attachment C-1.

The general public may obtain copies of the 5-Year and Annual PHA Plan at the administrative office of the Authority located at 120 South Center Street, Corry, PA 16407.

ATTACHMENT C-1

Addition to Public Housing Admissions and Occupancy Policy and Residential Dwelling Lease:

PROTECTION OF VICTIMS OF DOMESTIC VIOLENCE

Criminal activity directly relating to domestic violence, dating violence, or stalking, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, shall not be cause for termination of assistance, tenancy or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse. *If the perpetrator of the domestic violence is a member of the household, the Housing Authority may require their removal from the household as a condition of continued occupancy by the family.*

Tenants or family members of tenants who are victims of domestic violence, dating violence, or stalking will not be evicted or terminated from housing assistance based on acts of domestic violence against them unless the Housing Authority can demonstrate that their tenancy is an actual and imminent threat to other residents or employees. An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be construed as serious or repeated violations of the lease by the victim or threatened victim of that violence and will not be "good cause" for termination of the assistance, tenancy or occupancy rights of a victim of such violence.

The Housing Authority retains the authority to evict a tenant for violations of the lease not pertaining to an act or acts of violence against the tenant or a member of the tenant's household, provided the victim is not subject to a more demanding standard than other tenants.

In cases where a family breaks up, the Housing Authority may deny the right of a perpetrator of domestic violence access to the family's unit for distribution of property unless otherwise notified by court order.

The Housing Authority may require tenants seeking protection under the above provisions to verify or certify their status as a victim of domestic violence, dating violence or stalking.

ATTACHMENT D

CAPITAL IMPROVEMENTS

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		Grant Type and Number		FFY of Grant:	
PHA Name:	Erie County Housing Authority	Capital Fund Program Grant No: PA28P08750106	Replacement Housing Factor Grant No:	2006	FFY of Grant Approval:
Type of Grant	<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Summary by Development Account	<input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Final Performance and Evaluation Report			
Line		Original	Revised ²	Total Estimated Cost ¹	Actual Cost ¹
		Obligated	Obligated	Total	Expendited
1	Total non-CFP Funds	\$ 72,000	\$ 72,000	\$ 72,000	\$ 72,000
2	1406 Operations (may not exceed 20% of line 21) ³	\$ -	\$ -	\$ -	\$ -
3	1408 Management Improvements	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000
4	1410 Administration (may not exceed 10% of line 21)	\$ -	\$ -	\$ -	\$ -
5	1411 Audit	\$ -	\$ -	\$ -	\$ -
6	1415 Liquidated Damages	\$ -	\$ -	\$ -	\$ -
7	1430 Fees and Costs	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000
8	1440 Site Acquisition	\$ -	\$ -	\$ -	\$ -
9	1450 Site Improvement	\$ 6,500	\$ 6,500	\$ 6,500	\$ 6,500
10	1460 Dwelling Structures	\$ 41,409	\$ 41,409	\$ 41,409	\$ 41,409
11	1465.1 Dwelling Equipment—Nonexpendable	\$ -	\$ -	\$ -	\$ -
12	1470 Non-dwelling Structures	\$ 500	\$ 500	\$ 500	\$ 500
13	1475 Non-dwelling Equipment	\$ 19,237	\$ 19,237	\$ 19,237	\$ 19,237
14	1485 Demolition	\$ -	\$ -	\$ -	\$ -
15	1492 Moving to Work Demonstration	\$ -	\$ -	\$ -	\$ -
16	1495.1 Relocation Costs	\$ -	\$ -	\$ -	\$ -
17	1499 Development Activities ⁴	\$ -	\$ -	\$ -	\$ -
18a	1501 Collateralization or Debt Service Paid by the PHA	\$ -	\$ -	\$ -	\$ -
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$ -	\$ -	\$ -	\$ -
19	1502 Contingency (may not exceed 8% of line 20)	\$ -	\$ -	\$ -	\$ -
20	Amount of Annual Grant: (sum of lines 2 – 19)	\$ 147,646	\$ 147,646	\$ 147,646	\$ 147,646
21	Amount of line 20 Related to LBP Activities	\$ -	\$ -	\$ -	\$ -
22	Amount of line 20 Related to Section 504 Activities	\$ -	\$ -	\$ -	\$ -
23	Amount of line 20 Related to Security – Soft Costs	\$ -	\$ -	\$ -	\$ -
24	Amount of line 20 Related to Security – Hard Costs	\$ -	\$ -	\$ -	\$ -
25	Amount of line 20 Related to Energy Conservation Measures	\$ -	\$ -	\$ -	\$ -

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/2011

Part I: Summary			
PHA Name: Erie County Housing Authority	Grant Type and Number Capital Fund Program Grant No.: PA28P08750106 Date of CFFP: _____	Replacement Housing Factor Grant No.: _____	FFY of Grant: 2006 FFY of Grant Approval: _____
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 10/30/10 <input type="checkbox"/> Line Summary by Development Account <input type="checkbox"/> Signature of Executive Director <i>[Handwritten signatures over rows 2-5]</i>	<input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Final Performance and Evaluation Report 10/30/10 Original Date Revised 10/13/10 Date Signature of Public Housing Director <i>[Handwritten signature over row 8]</i>		
	Total Estimated Cost <i>[Handwritten signature over row 2]</i>	Obligated <i>[Handwritten signature over row 3]</i>	Actual Cost <i>[Handwritten signature over row 4]</i>
			Date <i>[Handwritten signature over row 5]</i>

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/2011

Part II: Supporting Pages

PHА Name: Erie County Housing Authority PA087-001	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:	Federal FFY of Grant: 2006				
		Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Quantity	Total, Estimated Cost	Total Actual Cost
Development Account No.	Original	Revised ¹	Funds Obligated ²	Funds Expended ²		
Salsbury Bldg.						
Pain Halls, Stairs, & Apts.	1460	1	\$ 22,500.00	\$ 22,500.00	\$ 22,500.00	Complete
Replace Garage H2O Heater	1470	1	\$ 500.00	\$ 0.00	\$ 0.00	
Lawn Tractor	1475	1	\$ 9,600.00	\$ 9,600.00	\$ 9,600.00	Complete
Ext. Ramp Renovations	1450	1	\$ 0.00	\$ 2,812.00	\$ 2,812.00	Complete
CollegeView Manor						
Paint Halls & Apts.	1460	1	\$ 18,909	\$ 18,909	\$ 18,909	Complete
Hdcp access Sidewalk	1450	1	\$ 6,500.00	\$ 3,688.00	\$ 3,688.00	Complete
Lawn Tractor	1475	1	\$ 9,637.00	\$ 9,637.00	\$ 9,637.00	Complete
Modify Community Room	1470	1	\$ 0.00	\$ 500.00	\$ 500.00	Complete
PHА Wide Needs						
Administration	1410		\$ 3,000	\$ 3,000	\$ 3,000	
Fees and Cost	1430		\$ 5,000	\$ 5,000	\$ 5,000	
Operations	1406		\$ 72,000	\$ 72,000	\$ 72,000	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

**Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary		Grant Type and Number	FFY of Grant:
PHA Name:	Capital Fund Program Grant No: PA28P08750107	Replacement Housing Factor Grant No:	FFY of Grant Approval:
		Date of CFFP:	2007
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: Line Summary by Development Account		<input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Final Performance and Evaluation Report	
Type of Grant	Original	Revised ¹	Total Actual Cost ¹
Line	Estimated Cost	Obligated	Expended
1 Total non-CFFP Funds	\$ 72,000	\$ 72,000	\$ 72,000
2 1406 Operations (may not exceed 20% of line 21) ³	\$ -	\$ -	\$ -
3 1408 Management Improvements	\$ 3,000	\$ 3,000	\$ 3,000
4 1410 Administration (may not exceed 10% of line 21)	\$ -	\$ -	\$ -
5 1411 Audit	\$ -	\$ -	\$ -
6 1415 Liquidated Damages	\$ -	\$ -	\$ -
7 1430 Fees and Costs	\$ 5,000	\$ 5,000	\$ 5,000
8 1440 Site Acquisition	\$ -	\$ -	\$ -
9 1450 Site Improvement	\$ -	\$ 600	\$ 600
10 1460 Dwelling Structures	\$ 65,846	\$ 65,246	\$ 65,246
11 1465.1 Dwelling Equipment—Nonexpendable	\$ -	\$ -	\$ -
12 1470 Non-dwelling Structures	\$ -	\$ -	\$ -
13 1475 Non-dwelling Equipment	\$ -	\$ -	\$ -
14 1485 Demolition	\$ -	\$ -	\$ -
15 1492 Moving to Work Demonstration	\$ -	\$ -	\$ -
16 1495.1 Relocation Costs	\$ -	\$ -	\$ -
17 1499 Development Activities ⁴	\$ -	\$ -	\$ -
18a 1501 Collateralization or Debt Service paid by the PHA	\$ -	\$ -	\$ -
18ba 9000 Collateralization or Debt Service paid Via System of Direct Payment	\$ -	\$ -	\$ -
19 1502 Contingency (may not exceed 8% of line 26)	\$ -	\$ -	\$ -
20 Amount of Annual Grant: (sum of lines 2 – 19)	\$ 145,846	\$ 145,846	\$ 145,846
21 Amount of line 20 Related to LBP Activities	\$ -	\$ -	\$ -
22 Amount of line 20 Related to Section 504 Activities ⁵	\$ -	\$ -	\$ -
23 Amount of line 20 Related to Security – Soft Costs	\$ -	\$ -	\$ -
24 Amount of line 20 Related to Security – Hard Costs	\$ -	\$ -	\$ -
25 Amount of line 20 Related to Energy Conservation Measures	\$ -	\$ -	\$ -

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/2011

Part I: Summary			
PHA Name: Erie County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA28P08750107 Date of CFFP: _____	Replacement Housing Factor Grant No: _____	FFY of Grant: 2007 FFY of Grant Approval: _____
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report <input type="checkbox"/> Line Summary by Development Account	<input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Reserve for Disasters/Emergencies Period Ending: <u>\$130,10</u>	<input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Final Performance and Evaluation Report Total Estimated Cost Original Date <u>J. G. Gao</u>	<input type="checkbox"/> Total Actual Cost <input checked="" type="checkbox"/> Obligated Revised Signature Public Housing Director <u>J. G. Gao</u>
Signature of Executive Director <u>J. G. Gao</u>	Date <u>10/13/10</u>	Date <u>10/13/10</u>	Date <u>10/13/10</u>

**Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

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**Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2517-0226
 Expires 4/30/2011

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: PA28P08750108 Date of CFFP: _____	Replacement Housing Factor Grant No. FFY of Grant: 2008 FFY of Grant Approval:			
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2010	<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report	<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	Total Actual Cost ¹			
Line	Summary by Development Account	Original	Revised ²	Obligated	Total Actual Cost ¹	Expended
1	Total non-CFP Funds	\$ 65,000	\$ 65,000	\$ 65,000	\$ 65,000	\$ 65,000
2	1406 Operations (may not exceed 20% of line 21)	\$ -	\$ -	\$ -	\$ -	\$ -
3	1408 Management Improvements	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000
4	1410 Administration (may not exceed 10% of line 21)	\$ -	\$ -	\$ -	\$ -	\$ -
5	1411 Audit	\$ -	\$ -	\$ -	\$ -	\$ -
6	1415 Liquidated Damages	\$ -	\$ -	\$ -	\$ -	\$ -
7	1430 Fees and Costs	\$ 6,000	\$ 10,803	\$ 10,803	\$ 10,803	\$ 10,803
8	1440 Site Acquisition	\$ -	\$ -	\$ -	\$ -	\$ -
9	1450 Site Improvement	\$ -	\$ -	\$ -	\$ -	\$ -
10	1460 Dwelling Structures	\$ 50,234	\$ 36,879	\$ 36,879	\$ 36,879	\$ 36,879
11	1465.1 Dwelling Equipment—Nonexpendable	\$ 15,300	\$ 17,118	\$ 17,118	\$ 17,118	\$ 17,118
12	1470 Non-dwelling Structures	\$ -	\$ 12,734	\$ 12,734	\$ 12,734	\$ 12,734
13	1475 Non-dwelling Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
14	1485 Demolition	\$ -	\$ -	\$ -	\$ -	\$ -
15	1492 Moving to Work Demonstration	\$ -	\$ -	\$ -	\$ -	\$ -
16	1495.1 Relocation Costs	\$ -	\$ -	\$ -	\$ -	\$ -
17	1499 Development Activities ⁴	\$ -	\$ -	\$ -	\$ -	\$ -
18a	1501 Collateralization or Debt Service paid by the PHA	\$ -	\$ -	\$ -	\$ -	\$ -
18pa	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$ -	\$ -	\$ -	\$ -	\$ -
19	1502 Contingency (may not exceed 8% of line 20)	\$ 6,000	\$ -	\$ -	\$ -	\$ -
20	Amount of Annual Grant: (sum of lines 2 – 19)	\$ 145,534	\$ 145,534	\$ 145,534	\$ 145,534	\$ 145,534
21	Amount of line 20 Related to LBP Activities	\$ 51,234	\$ 66,731	\$ 66,731	\$ 66,731	\$ 66,731
22	Amount of line 20 Related to Section 504 Activities	\$ -	\$ -	\$ -	\$ -	\$ -
23	Amount of line 20 Related to Security – Soft Costs	\$ -	\$ -	\$ -	\$ -	\$ -
24	Amount of line 20 Related to Security – Hard Costs	\$ -	\$ -	\$ -	\$ -	\$ -
25	Amount of line 20 Related to Energy Conservation Measures	\$ -	\$ -	\$ -	\$ -	\$ -

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Part I: Summary			
PHA Name: Erie County Housing Authority	Grant Type and Number Capital Fund Program Grant No. PA28P08750108 Date of CFFP: _____	Replacement Housing Factor Grant No: FFY of Grant: 2008 FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <u>9/30/2010</u> Line Summary by Development Account	<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report	<input type="checkbox"/> Revised Annual Statement (revision no:) Total Estimated Cost Original Date <u>10/13/10</u>	Total Actual Cost Obligated Revised Signature of Executive Director <u>H. G. Cole</u>
Signature of Executive Director <u>H. G. Cole</u>	Date <u>10/13/10</u>	Expended Date <u>10/13/10</u>	

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Part II: Supporting Pages		Grant Type and Number Capital Fund Program Grant No: PA28P08750108 CFFP (Yes/No):		Federal FFY of Grant: 2008			
PHA Name: Erie County Housing Authority	Development Number Name/PhA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²
Salsbury Bldg. PA087-001	Replace Panic Hardware Modify 1 Apartment/UFAS Replace Entry Doors/UFAS	1460 1460 1460	1 1 1	\$5,500.00 \$0.00 \$8,100.00	\$0.00 \$36,879.00 \$0.00	\$0.00 \$36,879.00 \$0.00	\$0.00 From 2010 \$0.00
CollegeView Manor PA087-002	Repair Curbs & Paving to meet 504 Modify Community Room/UFAS Replace prime doors to meet UFAS	1450 1470 1465.1	1 1 1	\$50,234 \$0.00 \$0.00	\$0.00 \$12,734.00 \$17,118.00	\$0.00 \$12,734.00 \$17,118.00	To Future From 2011 See bottom note
PHAWide Needs	Contingency Operations Administration Fees and Cost					\$6,000 \$65,000 \$3,000 \$6,000	\$0.00 \$65,000 \$3,000 \$10,803

NOTE

Brought \$17,118 Obligation and \$4171.11 Expenditures from 2009 Grant for the Replacement of Prime doors

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program

¹ Obligation and expenditure end can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		Grant Type and Number		FFY of Grant:	
PHA Name:		Capital Fund Program Grant No: PA28S08750109		2009	
Erie County Housing Authority		Date of CFFP:		FFY of Grant Approval:	
Type of Grant					
<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no:)			
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2010		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Revised ²	Total Estimated Cost	Total Actual Cost ¹
1	Total non-CFFP Funds	\$ -	\$ -	\$ -	\$ -
2	1406 Operations (may not exceed 20% of line 2) ³	\$ -	\$ -	\$ -	\$ -
3	1408 Management Improvements	\$ -	\$ -	\$ -	\$ -
4	1410 Administration (may not exceed 10% of line 2)	\$ 18,000	\$ 18,000	\$ 18,000	\$ 18,000
5	1411 Audit	\$ -	\$ -	\$ -	\$ -
6	1415 Liquidated Damages	\$ -	\$ -	\$ -	\$ -
7	1430 Fees and Costs	\$ -	\$ -	\$ -	\$ -
8	1440 Site Acquisition	\$ -	\$ -	\$ -	\$ -
9	1450 Site Improvement	\$ 57,100	\$ 76,911	\$ 76,911	\$ 76,911
10	1460 Dwelling Structures	\$ 89,117	\$ 79,029	\$ 79,029	\$ 79,029
11	1465.1 Dwelling Equipment—Nonexpendable	\$ -	\$ -	\$ -	\$ -
12	1470 Non-Dwelling Structures	\$ 20,000	\$ 10,277	\$ 10,277	\$ 10,277
13	1475 Non-Dwelling Equipment	\$ -	\$ -	\$ -	\$ -
14	1485 Demolition	\$ -	\$ -	\$ -	\$ -
15	1492 Moving to Work Demonstration	\$ -	\$ -	\$ -	\$ -
16	1495.1 Relocation Costs	\$ -	\$ -	\$ -	\$ -
17	1499 Development Activities ⁴	\$ -	\$ -	\$ -	\$ -
18a	1501 Collateralization or Debt Service paid by the PHA	\$ -	\$ -	\$ -	\$ -
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$ -	\$ -	\$ -	\$ -
19	1502 Contingency (may not exceed 8% of line 20)	\$ -	\$ -	\$ -	\$ -
20	Amount of Annual Grant (sum of lines 2 – 19)	\$ 184,217	\$ 184,217	\$ 184,217	\$ 184,217
21	Amount of line 20 Related to LBP Activities	\$ -	\$ -	\$ -	\$ -
22	Amount of line 20 Related to Section 504 Activities	\$ 166,217	\$ 166,217	\$ 166,217	\$ 166,217
23	Amount of line 20 Related to Security – Soft Costs	\$ -	\$ -	\$ -	\$ -
24	Amount of line 20 Related to Security – Hard Costs	\$ -	\$ -	\$ -	\$ -
25	Amount of line 20 Related to Energy Conservation Measures	\$ -	\$ -	\$ -	\$ -

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/2011

Part I: Summary

PHA Name:	Grant Type and Number Capital Fund Program Grant No: PA28SS08750109 Date of CFFP: _____	Replacement Housing Factor Grant No: FFY of Grant: 2009 FFY of Grant Approval: _____
Type of Grant	<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: _____) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending 7/31/2010 <input type="checkbox"/> Final Performance and Evaluation Report	
Line Summary by Development Account	Total Estimated Cost ¹	Total Actual Cost ¹
Signature of Executive Director <i>Agencies</i>	Original Date <i>10/13/10</i>	Revised ² Date <i>10/13/10</i>
	Obligated	Expendited

**Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

2 To be completed for the Performance and Evaluation Report.

**Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 91 of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary

PHAs Name:	Grant Type and Number Capital Fund Program Grant No.: PA28P08750109	Replacement Housing Factor Grant No. Date of CFFP: _____	FFY of Grant: 2009	FFY of Grant Approval: _____
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2010	<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report <input type="checkbox"/> Revised Annual Statement (revision no. :) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Revised ²	Total Actual Cost ¹
Line	Summary by Development Account	Original	Revised ²	Obligated
1	Total non-CFFP Funds	\$ 60,000	\$ 60,000	
2	1406 Operations (may not exceed 70% of line 21) ³	\$ -	\$ -	\$ -
3	1408 Management Improvements	\$ 5,000	\$ 5,000	\$ -
4	1410 Administration (may not exceed 10% of line 21)	\$ -	\$ -	\$ -
5	1411 Audit	\$ -	\$ -	\$ -
6	1415 Liquidated Damages	\$ 5,121	\$ 5,121	\$ 35,04
7	1430 Fees and Costs	\$ -	\$ -	\$ -
8	1440 Site Acquisition	\$ 12,000	\$ 5,416.15	\$ 2,216.15
9	1450 Site Improvement	\$ 50,000	\$ 46,000	\$ 17,861
10	1460 Dwelling Structures	\$ 12,500	\$ 4,182	\$ 4,182
11	1465.1 Dwelling Equipment---Nonependable	\$ -	\$ 9,956	\$ 15,413.39
12	1470 Non-dwelling Structures	\$ -	\$ -	\$ -
13	1475 Non-dwelling Equipment	\$ -	\$ -	\$ -
14	1485 Demolition	\$ -	\$ -	\$ -
15	1492 Moving to Work Demonstration	\$ -	\$ -	\$ -
16	1495.1 Relocation Costs	\$ -	\$ -	\$ -
17	1499 Development Activities ⁴	\$ -	\$ -	\$ -
18a	1501 Collateralization or Debt Service paid by the PHA	\$ -	\$ -	\$ -
18aa	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$ -	\$ -	\$ -
19	1502 Contingency (may not exceed 8% of line 20)	\$ -	\$ -	\$ -
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$ 144,621	\$ 144,621	\$ 39,707.58
21	Amount of line 20 Related to LBP Activities	\$ -	\$ -	\$ 39,707.58
22	Amount of line 20 Related to Section 504 Activities	\$ 74,500	\$ 74,500	\$ 39,672.54
23	Amount of line 20 Related to Security - Soft Costs	\$ -	\$ -	\$ 39,672.54
24	Amount of line 20 Related to Security - Hard Costs	\$ -	\$ -	\$ -
25	Amount of line 20 Related to Energy Conservation Measures	\$ -	\$ -	\$ -

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/2011

Part I: Summary			
PHA Name: Erie County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA28P08750108 Date of CFFP: _____	Replacement Housing Factor Grant No: _____	FFY of Grant: <u>2009</u> FFY of Grant Approval: _____
Type of Grant	<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending <u>9/30/2010</u> <input type="checkbox"/> Reserve for Disasters/Emergencies		
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost
	Original	Obligated	Expendited
Signature of Executive Director	Date <u>10/13/10</u>	Signature of Public Housing Director <i>[Signature]</i>	Date <u>10/13/10</u>

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/2011

Part II: Supporting Pages

PHA Name: Erie County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA28P08750109 CFFP (Yes/ No):	Federal FFY of Grant:		
		2009	Total Actual Cost	Status of Work
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Quantity	Total Estimated Cost	
Salsbury Bldg. PA087-001				
	Reinstall entrance to meet 504	1450	\$ 5,500.00	\$.00
	Reslope Van loading zone 504	1450	\$ 6,500.00	\$ 3,244.00
	Construct unisex restroom/UFAS	1460	\$ 8,500.00	\$ 8,587.00
	Modify Community Room/UFAS	1470	\$ 0.00	\$ 15,413.39
	Modify One 2 Bdrm Unit/UFAS	1460	\$ 0.00	\$ 25,922.85
CollegeView Manor PA087-002				
	Replace prime doors to meet UFAS	1465.1	\$ 12,500.00	\$ 4,182.00
	Modify 1 Bdrm Unit/UFAS	1460	\$ 16,500.00	\$ 0.00
	Modify 2 Bdrm Unit/UFAS	1460	\$ 16,500.00	\$ 0.00
	Construct unisex restroom/UFAS	1460	\$ 8,500.00	\$ 9,274.00
	Curbs & Paving lot to meet 504	1450	\$ 0.00	\$ 2,216.15
PHA Wide Needs (Change Order)	Operations	1406	\$ 60,000	\$ 60,000
	Administration	1410	\$ 5,000	\$ 5,000
	Fees and Cost	1430	\$ 5,121	\$ 35.04

NOTE:

Sent \$17,118 of Obligation and
 \$4171.11 of Expenditures to 2008
 Grant for the Replacement of prime
 doors

- ¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary			
PHA Name: Erie County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P08750110 Replacement Housing Factor Grant No: Date of CFFP:	
Type of Grant			
<input checked="" type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: Line Summary by Development Account	<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		
		Total Estimated Cost	Total Actual Cost ¹
	Original	Revised ²	Obligated Expended
1	Total non-CFFP Funds		
2	1406 Operations (may not exceed 20% of line 2) ³	60,000.00	
3	1408 Management Improvements		
4	1410 Administration (may not exceed 10% of line 2)	5,000.00	
5	1411 Audit		
6	1415 Liquidated Damages		
7	1420 Fees and Costs	3,000.00	
8	1440 Site Acquisition		
9	1450 Site Improvement		
10	1460 Dwelling Structures	76,245.00	
11	1465.1 Dwelling Equipment—Nonexpendable		
12	1470 Non-dwelling Structures		
13	1475 Non-dwelling Equipment		
14	1485 Demolition		
15	1492 Moving to Work Demonstration		
16	1495.1 Relocation Costs		
17	1499 Development Activities ⁴		

¹ To be completed for the Performance and Evaluation Report.

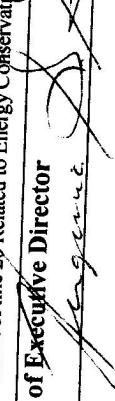
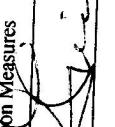
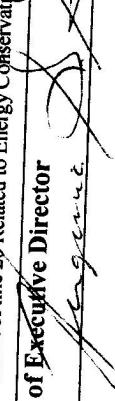
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		<input type="checkbox"/> FFY of Grant:2010 <input type="checkbox"/> FFY of Grant Approval: 2010		
PHA Name: Eric County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA28P08750110 Replacement Housing Factor Grant No: Date of CFFP:			
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: Line Summary by Development Account				
		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		
18a	1501 Collateralization or Debt Service paid by the PHA	Total Estimated Cost	Revised ²	Total Actual Cost ¹
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	Original	Obligated	Expended
19	1502 Contingency (may not exceed 8% of line 20)			
20	Amount of Annual Grant: (sum of lines 2 - 19)	144,245.00		
21	Amount of line 20 Related to LBP Activities			
22	Amount of line 20 Related to Section 504 Activities	76,245.00		
23	Amount of line 20 Related to Security - Soft Costs			
24	Amount of line 20 Related to Security - Hard Costs			
25	Amount of line 20 Related to Energy Conservation Measures			
Signature of Executive Director 		Date 	Signature of Public Housing Director	
Date 				

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CTP Grants for operations.

⁴ RHF funds shall be included here.

**Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

2 To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program
PHA Name: Erie County Housing Authority

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937 as amended.

ATTACHMENT E

CAPITAL FUND PROGRAM FIVE-YEAR ACTION PLAN

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary

PHA Name: Erie County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P08750111 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2011 FFY of Grant Approval: 2011		
Type of Grant	<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: Line	<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Summary by Development Account	<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		
			Total	Estimated Cost ¹	Total Actual Cost ¹ Expended
			Original	Revised ²	Obligated
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 2) ³		60,000.00		
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 2)		5,000.00		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		3,000.00		
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures		73,000.00		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary																																																																																								
PHA Name: Erie County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA28P08750110 Replacement Housing Factor Grant No: Date of CFFPP:	FFY of Grant:2011 FFY of Grant Approval: 2011																																																																																						
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: Line Summary by Development Account <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 10%;">Line</th> <th style="text-align: left;">Total Estimated Cost</th> <th style="text-align: left;">Original</th> <th style="text-align: left;">Revised²</th> <th style="text-align: left;">Obligated</th> <th style="text-align: left;">Total Actual Cost¹</th> <th style="text-align: left;">Expended</th> </tr> </thead> <tbody> <tr> <td>18a</td> <td>1501 Collateralization or Debt Service paid by the PHA</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>18ba</td> <td>9000 Collateralization or Debt Service paid Via System of Direct Payment</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>19</td> <td>1502 Contingency (may not exceed 3% of line 20)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>20</td> <td>Amount of Annual Grant: (sum of lines 2 - 19)</td> <td></td> <td>141,000.00</td> <td></td> <td></td> <td></td> </tr> <tr> <td>21</td> <td>Amount of line 20 Related to LBP Activities</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>22</td> <td>Amount of line 20 Related to Section 504 Activities</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>23</td> <td>Amount of line 20 Related to Security - Soft Costs</td> <td></td> <td>73,000.00</td> <td></td> <td></td> <td></td> </tr> <tr> <td>24</td> <td>Amount of line 20 Related to Security - Hard Costs</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>25</td> <td>Amount of line 20 Related to Energy Conservation-Measures</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Signature of Executive Director</td> <td>Date</td> <td colspan="3">Signature of Public Housing Director</td> <td>Date</td> </tr> <tr> <td colspan="2"><i>[Signature]</i></td> <td><i>10/13/10</i></td> <td colspan="3"></td> <td></td> </tr> </tbody> </table>					Line	Total Estimated Cost	Original	Revised ²	Obligated	Total Actual Cost ¹	Expended	18a	1501 Collateralization or Debt Service paid by the PHA						18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						19	1502 Contingency (may not exceed 3% of line 20)						20	Amount of Annual Grant: (sum of lines 2 - 19)		141,000.00				21	Amount of line 20 Related to LBP Activities						22	Amount of line 20 Related to Section 504 Activities						23	Amount of line 20 Related to Security - Soft Costs		73,000.00				24	Amount of line 20 Related to Security - Hard Costs						25	Amount of line 20 Related to Energy Conservation-Measures						Signature of Executive Director		Date	Signature of Public Housing Director			Date	<i>[Signature]</i>		<i>10/13/10</i>				
Line	Total Estimated Cost	Original	Revised ²	Obligated	Total Actual Cost ¹	Expended																																																																																		
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Signature of Executive Director		Date	Signature of Public Housing Director			Date																																																																																		
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**Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part II: Supporting Pages

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

**Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program
PHA Name: Erie County Housing Authority

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Part I: Summary

PHA Name/Number	Development Number and Name	Work Statement for Year 1 FFY <u>2011</u>	Locality (City/County & State)		XOriginal 5-Year Plan <input type="checkbox"/> Revision No: Work Statement for Year 4 FFY <u>2014</u> _____	Work Statement for Year 5 FFY <u>2015</u> _____
			Work Statement for Year 2 FFY <u>2012</u> _____	Work Statement for Year 3 FFY <u>2013</u> _____		
B.	Physical Improvements Subtotal		73,000.00	73,000.00	73,000.00	73,000.00
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00
F.	Other	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00
G.	Operations	60,000.00	60,000.00	60,000.00	60,000.00	60,000.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total	141,000.00	141,000.00	141,000.00	141,000.00	141,000.00

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2001

Part II: Supporting Pages – Physical Needs Work Statement(s)

Capital Fund Program—Five-Year Action Plan

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2001**

Part II: Supporting Pages – Physical Needs Work Statement(s)

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2001

Part III: Supporting Pages – Management Needs Work Statement(s)

ATTACHMENT F

STATEMENT OF HOUSING NEEDS

Housing Needs of families on the Public Housing and Section 8
Tenant-Based Assistance Waiting List

Section 8 Tenant Based Assistance Waiting List Erie County Housing Authority							
Family Type	# of Families		BDRM Size - 1	BDRM Size - 2	BDRM Size - 3	BDRM Size - 4	
Income \leq 30% of AMI	475						
Income \geq 30% but \leq 50% of AMI	100						
Income \geq 50% but \leq 80% of AMI	5						
Elderly	21						
Families with Disabilities	143						
White	483						
Black	72						
Hispanic	17						
Other	0						
TOTALS	580						

Is the waiting list closed (select one)? NO YES

If yes: How long has it been closed (# of months)? 6 months

Does the PHA expect to reopen the list in the PHA Plan Year? NO YES

Does the PHA permit specific categories of families onto the waiting list, even if generally closed? NO YES

Not at this time.

ATTACHMENT F

STATEMENT OF HOUSING NEEDS

Housing Needs of families on the Public Housing and Section 8
Tenant-Based Assistance Waiting List

Public Housing Waiting List Erie County Housing Authority							
Family Type	# of Families		BDRM Size - 1	BDRM Size - 2	BDRM Size - 3	BDRM Size - 4	
Income \leq 30% of AMI	11		15	5	4	0	
Income \geq 30% but \leq 50% of AMI	13						
Income \geq 50% but \leq 80% of AMI	0						
Elderly	8						
Families with Disabilities	7						
White	22						
Black	1						
Hispanic	0						
Other	24		15	5	4	0	
TOTALS							

ATTACHMENT G

Strategy for Addressing Housing Needs

Need: Shortage of affordable housing for all eligible populations

Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units
- Seek replacement of public housing units lost to the inventory through mixed finance development
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- Maintain or increase Section 8 lease up rates by effectively screening Section 8 applicants to increase owner acceptance of program.
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below)

Strategy 2: Increase the number of affordable housing units by:

- Apply for additional section 8 units should they become available
- Leverage affordable housing resources in the community through the creation of mixed-finance housing
- Pursue housing resources other than public housing or Section 8 tenant-based assistance
- Other (list below)

Need: Specific Family Types: Families at or below 30% median

Strategy 1: Target available assistance to families at or below 30% of AMI

- Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing

- Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based Section 8
- Employ admissions preferences aimed at families with economic hardships
- Adopt rent policies to support and encourage work
- Other (list below)

Need: Specific Family Types: Families at or below 50% of median

Strategy 1: Target available assistance to families at or below 50% of AMI

- Employ admissions preferences aimed at families who are working
- Adopt rent policies to support and encourage work
- Other (list below)

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

- Seek designation of public housing for the elderly
- Apply for special-purpose vouchers targeted to the elderly, should they become available
- Other (list below)

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to families with Disabilities:

- Seek designation of public housing for families with disabilities
- Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- Affirmatively market to local non-profit agencies that assist families with disabilities
- Other (listed below)

Need: Specific Family types: Races or ethnicities with disproportionate housing needs

Strategy 1; Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:

- Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- Other (list below)

Strategy 2: Conduct activities to affirmatively further fair housing

- Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate these units
- Market the section 8 program to owners outside of areas of poverty/minority concentrations
- Other (list below)

Other Housing Needs & Strategies: (list needs and strategies below)

(2) reasons for Selecting Strategies

- Funding constraints
- Staffing constraints
- Limited availability of sites for assisted housing
- Extent to which particular housing needs are met by other organizations in the community
- Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- Influence of the housing market on PHA programs
- Community priorities regarding housing assistance
- Results of consultation with local or state government
- Results of consultation with residents and the Resident Advisory Board
- Results of consultation with advocacy groups
- Other (list below)

ATTACHMENT H

ERIE COUNTY HOUSING AUTHORITY PROGRESS TOWARD FIVE-YEAR PLAN GOALS AND OBJECTIVES

Progress made on specific strategic goals during the 2010 program year is as follows:

Increase the availability of decent, safe, and affordable housing.

Renovate or modernize public housing units – Planned and scheduled 504 accessible work in accordance with the transition plan as budgets allow. Approximately 80% of the 504 transition plan work items are completed at this time. The Housing Authority is in the process of closing out the current 504 contract work.

Increase voucher payment standards – Conducted annual reviews of Section 8 payment standards to ensure that participating families have effective access to local rental markets.

Increase housing resources available for persons with disabilities – The Housing Authority will continue to network and meet with agencies representing disabled and handicapped individuals.

Improve community quality of life and economic vitality

Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments – Monitored income levels at public housing communities in accordance with the deconcentration regulation.

Increase the number of families with incomes at or below 50% of median in family public housing – Reviewed and initiated strategies to market families with incomes at or below 50% of median.

Promote self-sufficiency and asset development of families and individuals

Provide or attract supportive services to increase independence for the elderly or families with disabilities – The Housing Authority continues to network with social service agencies, elderly assistance agencies, and agencies representing disabled/handicapped individuals.

Work with local officials to coordinate welfare to work initiatives with housing assistance – Continued improvements to working relationships with local support service agencies, including TANF agency.

ATTACHMENT H

ERIE COUNTY HOUSING AUTHORITY PROGRESS
TOWARD FIVE-YEAR PLAN
GOALS AND OBJECTIVES

Ensure Equal Opportunity in Housing for all Americans

Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability – Continue to support the concept of fair housing by affirmatively marketing all housing programs.

Maintain the Housing Authority's Properties in Decent Condition at All Times

Objective 1: Achieve and maintain an average response time of 24 hours for all emergency work orders.

All emergency work orders have been completed within a 24 hour period. We will continue to maintain a 24 hour response time for all emergency work orders.

Objective 2: Achieve and maintain an average response/completion time of 20 days for all routine work orders.

Continue improvements to work order response time – We will work towards an average response/completion time of at or below 20 days for all routine work orders. The current average time is 33 days to complete. In 2008, the average was 19 days and in 2009 the average was 33 days. The increase in response time was due to large number of apartment vacancies in 2009 and staff constraints.

ATTACHMENT I

ERIE COUNTY HOUSING AUTHORITY DEFINITION OF “SIGNIFICANT AMENDMENT” OR “SUBSTANTIAL DEVIATION/MODIFICATION”

According to 24 CFR Part 903.7®, the ECHA chooses to define “significant Amendment” or Substantial Deviation/Modification” as follows:

- Changes to rent or admissions policies or organization of the waiting list.
- Additions of non-emergency work items (items not included in the current Annual Statement or 5-Year Action Plan).
- Change in use of replacement reserve funds under the Capital Fund.
- Any change in regard to demolition or disposition, designation, homeownership programs or conversion activities.

Any significant amendment or substantial deviation/modification to a PHA Plan is subject to the same requirements as the original PHA Plan.

ATTACHMENT J
ERIE COUNTY HOUSING AUTHORITY
2011 AGENCY PLAN
RESIDENTS COMMENTS AND SUGGESTIONS

8/2/10 – Salsbury Building
Tenant/Resident Advisory Board Meeting

- | | |
|--|---|
| <ul style="list-style-type: none">• New carpet and paint in hallway• Problems with three windows having to be held up with sticks in order to keep them open• Can anything be done in the third floor hallway to keep it from being so hot?• New Refrigerators and toilets• Would like large address numbers under the name On the front of the Building.• Visitors are parking in tenant parking areas on Pacific Avenue side parking lot. | <p>Under consideration but will have to prioritize with physical needs as budget allows.</p> <p>Maintenance/mgt to resolve immediately.</p> <p>Air exchanger and vents are working properly.</p> <p>Under consideration as Budget allows.</p> <p>Maintenance to install</p> <p>Signs are ordered and will Be installed.</p> |
|--|---|

8/2/10 – College View Manor
Tenant/Resident Advisory Board Meeting

- | | |
|---|---|
| <ul style="list-style-type: none">• Tenants are concerned that the new entrance doors installed are very heavy to open. | <p>Will consider installing a Power switch at front door.</p> |
|---|---|

**PHA Certifications of Compliance
with PHA Plans and Related
Regulations**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the X 5-Year and/or X Annual PHA Plan for the PHA fiscal year beginning 01/01/11, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

ERIE COUNTY HOUSING AUTHORITY

PA 087

PHA Name

PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 20 11 - 20 15

Annual PHA Plan for Fiscal Years 20 11 - 20

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official <u>Theodore C. Weed</u> Signature <u>Theodore C. Weed</u>	Title <u>Chairperson</u> Date <u>10/13/10</u>
--	--

Civil Rights Certification

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Civil Rights Certification**Annual Certification and Board Resolution**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

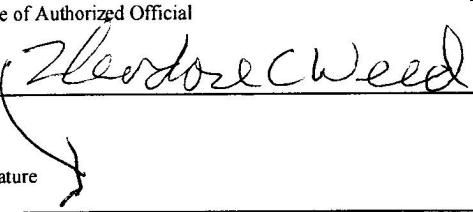
ERIE COUNTY HOUSING AUTHORITY

PA088

PHA Name

PHA Number/HA Code

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	TED WEED	Title	Chairperson
Signature			
		Date	10/13/10

Certification for a Drug-Free Workplace

U.S. Department of Housing
and Urban Development

Applicant Name

Erie County Housing Authority

Program/Activity Receiving Federal Grant Funding

Public Housing - Operating Subsidy/Capital Fund Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

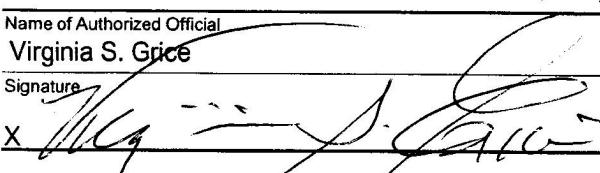
g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

See Attachment

Check here if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official Virginia S. Grice Signature 	Title Executive Director Date 10/13/10
--	---

ERIE COUNTY HOUSING AUTHORITY
120 SOUTH CENTER STREET
P.O. BOX 38
CARRY, PA 16407

PUBLIC HOUSING PROJECTS RECEIVING OPERATION SUBSIDY AND/OR
CAPITAL FUNDS

GERALD S. SALSBURY BUILDING
4004 PACIFIC AVENUE
ERIE, PA 16506

COLLEGE VIEW MANOR
65 NORTH PEARL STREET
NORTH EAST, PA 16428

MARVIN J. SCHICK APARTMENTS
27 Center Street, North East, PA
29 Center Street, North East, PA
31 Center Street, North East, PA
33 Center Street, North East, PA
52 Clinton Street, North East, PA
54 Clinton Street, North East, PA
56 Clinton Street, North East, PA
58 Clinton Street, North East, PA
60 Clinton Street, North East, PA
62 Clinton Street, North East, PA
64 Clinton Street, North East, PA
66 Clinton Street, North East, PA
77 Clinton Street, North East, PA
79 Clinton Street, North East, PA
81 Clinton Street, North East, PA

Certification of Payments to Influence Federal Transactions

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

Applicant Name

ERIE COUNTY HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding

PUBLIC HOUSING - OPERATING SUBSIDY/CAPITAL FUND PROGRAM

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
 (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

VIRGINIA S. GRICE

Title

EXECUTIVE DIRECTOR

Signature

Date (mm/dd/yyyy)

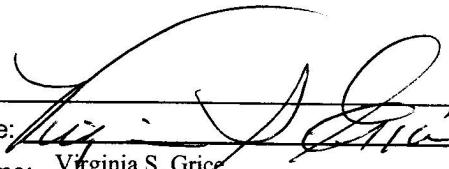
10/13/2016

Previous edition is obsolete

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

Approved by OMB
0348-0046

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: ^{4c}	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency:	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$ _____	
10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i> Erie County Housing Authority 120 South Center Street P.O. Box 38 Corry, PA 16407	b. Individuals Performing Services <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>  Signature: <u>Virginia S. Grice</u> Print Name: <u>Virginia S. Grice</u> Title: <u>Executive Director</u> Telephone No.: <u>814-665-5161</u> Date: <u>10/13/00</u>	
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